

ART B—ISSUE FEE TRANSMITTAL

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Assistant Commissioner for Patents
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MAY 29 2001

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

TM02/0518

NEIL A STEINBERG ESQ
RANBUS INC
2465 LATHAM STREET
MOUNTAIN VIEW CA 94040

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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|-----------------------|-------------|---------------------------|-----------------------------|---------------|
| 09/545,648 | 04/10/00 | 041 | AUVE, G | 2181 05/18/01 |
| First Named Applicant | FARMWALD, | 35 USC 154(b) term ext. = | 0 Days. | |

TITLE OF INVENTION **SYSTEM HAVING DOUBLE DATA TRANSFER RATE AND INTEGRATED CIRCUIT THEREFOR**

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEES DUE | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|-----------|----------|
| 3 RA043D2DC | 710-129.000 | G43 | UTILITY | NO | \$1240.00 | 08/20/01 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Neil A. Steinberg

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Rambus Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Los Altos, California

Please check the appropriate assignee category indicated below (will not be printed on the patent)

 individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents, U.S. Patent and Trademark Office):

Fee _____

 Advance Order - # of Copies _____

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(ENCLOSE AN EXTRA COPY OF THIS FORM)

 Issue Fee Advance Order - # of Copies 5

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Neil A. Steinberg Reg. No. 34,735

(Date)

5-24-01

05/31/2001 NROCHAZ 00000108 500998 09545648

01 FC:142 1240.00 CH

02 FC:561 15.00 CH

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